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Application Number 10/099, 294

Filling Date 10-30-30-30-3

Art Unit 2157

Examiner Name

Attorney Docket Number 050-3583

			Attorney Dock	tet Number E	170328	<u>a</u>		
I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
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Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR								
Firm or Individual Name	Scott P. Zimmerman	PLLC		:				
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Country	USA				2/519			
Telephone	(919) 469-2629	•	Email	scotl@scottzimmen	Man com			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
Signature of Applicant or Assignee of Record								
Org. Island								
Name Scott Zimmerman								
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SCOTT Zimmerman

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Respectfully submitted

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